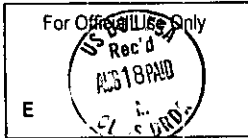


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>11050</u> <u>INITIAL FILING</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>GLYN</u> <u>RAMAGE</u> P.O. Box, Bldg., Room No., if any _____ Street <u>3 MEADOW HEIGHTS PROF. PARK</u> City <u>COLLINSVILLE</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>62234</u>	4. Name, file number, and address of labor organization. Name <u>SW. ILL. LABORERS DIST. COUNCIL</u> Labor Organization File Number <u>001-826</u> P.O. Box, Building and Room Number, if any _____ Street <u>3 MEADOW HEIGHTS PROF. PARK</u> City <u>COLLINSVILLE</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>62234</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Glyn Ramage</u>	On <u>8-05-05</u> <u>618 345-3510</u> Date Telephone Number

Name of Person Filing GLYN RANAGEFile Number U- INITIAL FILING

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UMB BANKTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 2 SOUTH B ROADWAYCity ST. LOUISState MO ZIP Code + 4 63119

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UMPL + LOCAL 100 + 27 FUNDSTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 4940 WASHINGTON BLVDCity ST. LOUISState MO ZIP Code + 4 63108

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

26,055

12.a. Nature of interest held or income received.

WILSON TICKETS 16.9
FOX TICKETS 300

12.b. Amount.

469

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

GLYN RANALL

File Number U-

INITIAL FILING

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MORGAN STANLEY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1811 PARK STREET PARKWAY

City SHILON

State ILLINOIS ZIP Code + 4 62269

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3 MEADOW HEIGHTS PARK PARK

City COLLINGSWOOD

State ILLINOIS ZIP Code + 4 62234

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing.

\$200 -

12.a. Nature of interest held or income received.

FOOTBALL TICKETS

12.b. Amount.

100 -

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing GLYN RAMAGEFile Number U- INITIAL FILING

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name REGIONS MORRIS KEEGAN TRTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 8181 AMYLAND AVECity ST LOUISState MO ZIP Code + 4 63105

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LMPL T LOCAC 1004 ST FINQSTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 4940 WASHINGTON BLVDCity ST LOUISState MO ZIP Code + 4 63109

11.a. Nature of such dealing.

INVESTMENT ADVISOR

11.b. Approximate dollar value of such dealing.

657

12.a. Nature of interest held or income received.

FOOTBALL TICKETS

12.b. Amount.

200-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

Name of Person Filing GLYN RAMAGEFile Number U- INITIAL FILING

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Q.B.C. INC.Trade Name, if any: P.O. Box, Bldg., Room No., If any Street 4940 WASHINGTON BLVDCity ST. LOUISState MO ZIP Code + 4 63108

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name EMPLE & LOCAL 100 Y-357 TRU. FOSTrade Name, if any: P.O. Box, Bldg., Room No., If any Street 4940 WASHINGTON BLVDCity ST. LOUISState MO ZIP Code + 4 63108

11.a. Nature of such dealing.

ADMINISTRATION OF FUNDS AND PLAN ACTIVITY

11.b. Approximate dollar value of such dealing.

68,640 -

12.a. Nature of interest held or income received.

HOCKEY TICKETS

12.b. Amount.

140

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., If any Street City State ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing GLYN RANGLERFile Number U- INITIAL FILING

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CENTRAL LABORERS PENSION FUNDTrade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 1267Street City JACKSONVILLEState FLORIDA ZIP Code + 4 62657

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CENTRAL LABORERS PENSION FUNDTrade Name, if any: P.O. Box, Bldg., Room No., if any P.O. BOX 1267Street City JACKSONVILLEState FLORIDA ZIP Code + 4 62657

11.a. Nature of such dealing.

TRUSTEE OF FUND

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

REIMBURSED EXPENSES

12.b. Amount.

2402-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Initial Filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

75.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

48

Name of Person Filing

Glyn Ramage

File Number U-

Initial Filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. ☒

8. Name and address of Business (including trade name, if any).

Name Midwest Region Foundation for Fair ContractingTrade Name, if any: P.O. Box, Bldg., Room No., if any Suite 525Street 1 Old State Capitol Plaza, NorthCity SpringfieldState Illinois ZIP Code + 4 62701

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

Discuss Fair Contracting issues.11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meal12.b. Amount. 28.38

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing

Glyn Ramage

File Number U-

Initial Filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. ☒

8. Name and address of Business (including trade name, if any).

Name Midwest Region LELETTrade Name, if any: P.O. Box, Bldg., Room No., if any Suite 525Street 1 Old State Capitol Plaza NorthCity SpringfieldState Illinois ZIP Code + 4 62701

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

Re job for Washington County
Power plant with
Bechtel, Inc

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

MEAL

12.b. Amount. 88.5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

August 15, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Re: Form LM-30 Filing for Glyn Ramage, Initial Filing

Dear sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 reports for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

It is conceivable that I received the benefits of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

Sincerely,

A handwritten signature in black ink, appearing to read "Glyn Ramage". The signature is fluid and cursive, with the first name "Glyn" and last name "Ramage" clearly distinguishable.